



**Consent Form**  
**(Per Federal HIPAA Law Section 164.506)**

This is to inform you that your PHI (Protected Health Information) may be used and disclosed to carry out treatment, payment, or health care operations.

You may refer to Federal HIPAA Law #164.520 for more complete description of such uses and disclosures. You have the right to review this notice before signing and giving your consent.

You have the rights to request how your PHI is used or disclosed to carry out treatment, payment, or health care operation. We are not required by law to agree to the requested restrictions, and can refuse service if not signed. If we agree to any restriction they are binding on us. You have the right to revoke this consent in writing.

This form must be signed and dated before services can be given.

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Guarantor

Date